

Attorney Docket No.

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Arimilli et al

Serial No.: 09/187,763

Group No.: 1614

FEB 1 2 1999

Filed:

November 6, 1998

Examiner:

unassigned

MAIHIX CUSTOMER SERVICE CENTER

For:

Antiviral Phosphonomethoxy Nucleotide Analogs

Having Increased Oral Bioavailability

Assistant Commissioner for Patents Washington, D.C. 20231

AMENDMENT TRANSMITTAL

Transmitted herewith is an amendment for this application. 1.

STATUS

2. Applicant is

2/10/1999 SLUANG	00000062 071250 09187763 a small entity - verified statement:
1 FC:102	156.00 CH
	attached.
	already filed.
	x other than a small entity.

CERTIFICATE OF MAILING (37 CFR 1.8 (a))

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Assistant Commissioner for Patents, Washington, D.C. 20231.

Robin Torres (Type or print name of person mailing paper) Date: February 2 (Signature of person mailing paper)

EXTENSION OF TERM

(a)		n extension of time under 37 CI I number of months checked be	
	Extension (months)	Fee for other than small entity	Fee for small entity
	one month	\$110.00	\$55.00
	two months	\$380.00	\$190.00
	three months	\$870.00	\$435.00
	four months	\$1,360.00	\$680.00
		Fee \$ _	
If an a	An extension for paid therefor of \$total months of extension	months has already	onsider this a petition therefore been secured and the fee of from the total fee due for the
		Extension fee due with this requ	est \$
		·	uest \$

FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMAL	L ENTITY	OTHER THAN A SMALL ENTITY			
-	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	,	ADDIT. FEE
TOTAL *	5	MINUS **	20	= 0	X9 =	\$		X18=	\$	
INDEP. *	5	MINUS	3	= 2	X39 =	\$		X78=	\$	156.00
FIRST	PRESENTATIO	N OF MULTII	PLE DEP. CLA	IM	+130=	\$		+260=	\$	
				ADD	TOTAL IT. FEE	\$	OR	TOTAL ADDIT. FEE	\$	156.00
(c)	No addition	onal fee for	claims is requ	uired.						
				OR						
(d)	Total add	litional fee f	or claims requ	uired \$						
			FEE	PAYM	ENT					
5.	Attached	is a check i	n the sum of	\$						
	X Charge A	Account No.	07-1250	-	_ the s	sum of \$ _	156.0	00		
	A duplica	te of this re	quest is attac	ched.						
			FEE	DEFICIE	ENCY					
6. Au	thorization to	Charge Add	litional Fees							
Ξ	fees which r application t	may be requite Account	ereby authori uired by this p No. <u>07-125</u> of Allowance	paper and o	during t	he entire except the	pende e issu		}	
Reg. No.	27,043		l	MONX SIGNATI			INEY,			—
Tel. No.:	(650) 573-48	378		Max D. H Type or p Gilead S 333 Lake P.O. Add Foster O	rint name Sciences eside Di ress	e of attorne s, Inc. rive	<i></i>			-
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